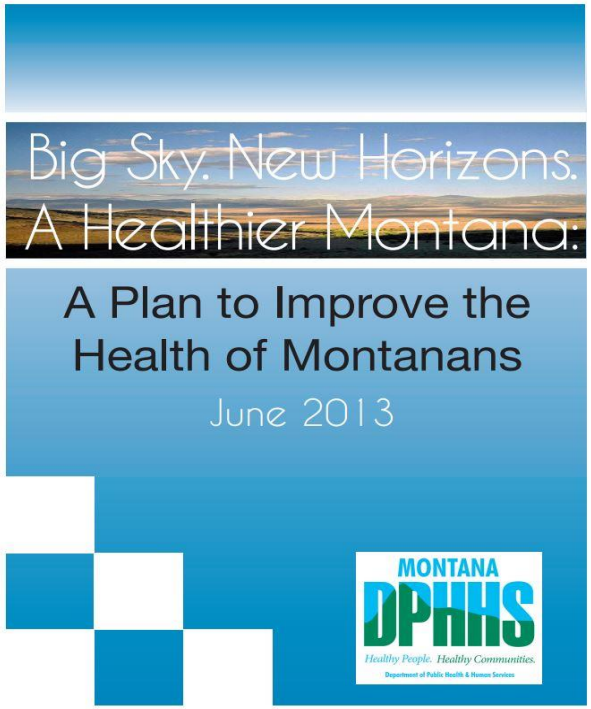
Progress on the Implementation of the State Health Improvement Plan, 2015.

Todd S. Harwell, MPH
Public Health and Safety Division
Healthier Montana Task Force Meeting
November 18, 2015

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

Overview

- Review progress on health indicators and strategies in the SHIP
- Feedback from the Task Force:
  - Are there additional strategies we should consider implementing to make additional progress on the plan?
  - Are there additional health indicators we should consider tracking to monitor progress related to the SHIP?
- Health disparities in Montana



Big Sky. New Horizons. A Healthier Montana: A plan to improve the Health of Montanans

- Health Improvement Priorities:
  - Prevent, identify, and manage chronic conditions
  - Promote the health of mothers, infants, and children
  - Prevent, identify, and control communicable disease
  - Prevent injuries and reduce exposure to environmental health hazards
  - Improve mental health and reduce substance use

Big Sky. New Horizons. A Healthier Montana: A plan to improve the Health of Montanans

- Health Plan includes health indicators and strategies in four key action areas:
  - Health policy
  - Prevention and health promotion efforts
  - Access to health care, particularly clinical preventive services
  - Strengthening Montana's public health and health care system

Prevent, Identify, and Manage Chronic Conditions

Figure. Tobacco free/smoke free medical campuses, housing authorities, and college campuses, Montana, 2005.

Figure. Tobacco free/smoke free medical campuses, housing authorities, and college campuses, Montana, 2012.

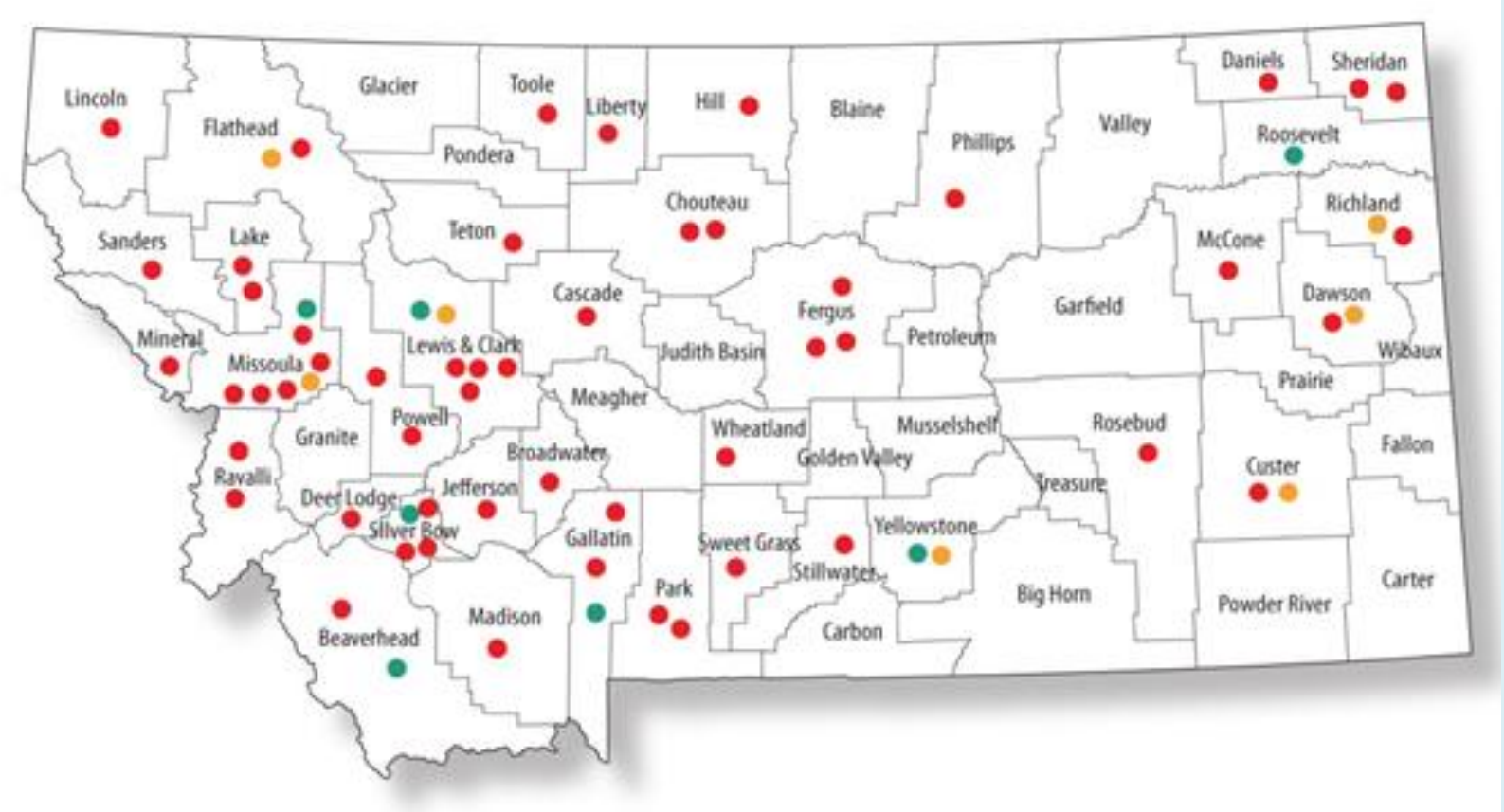
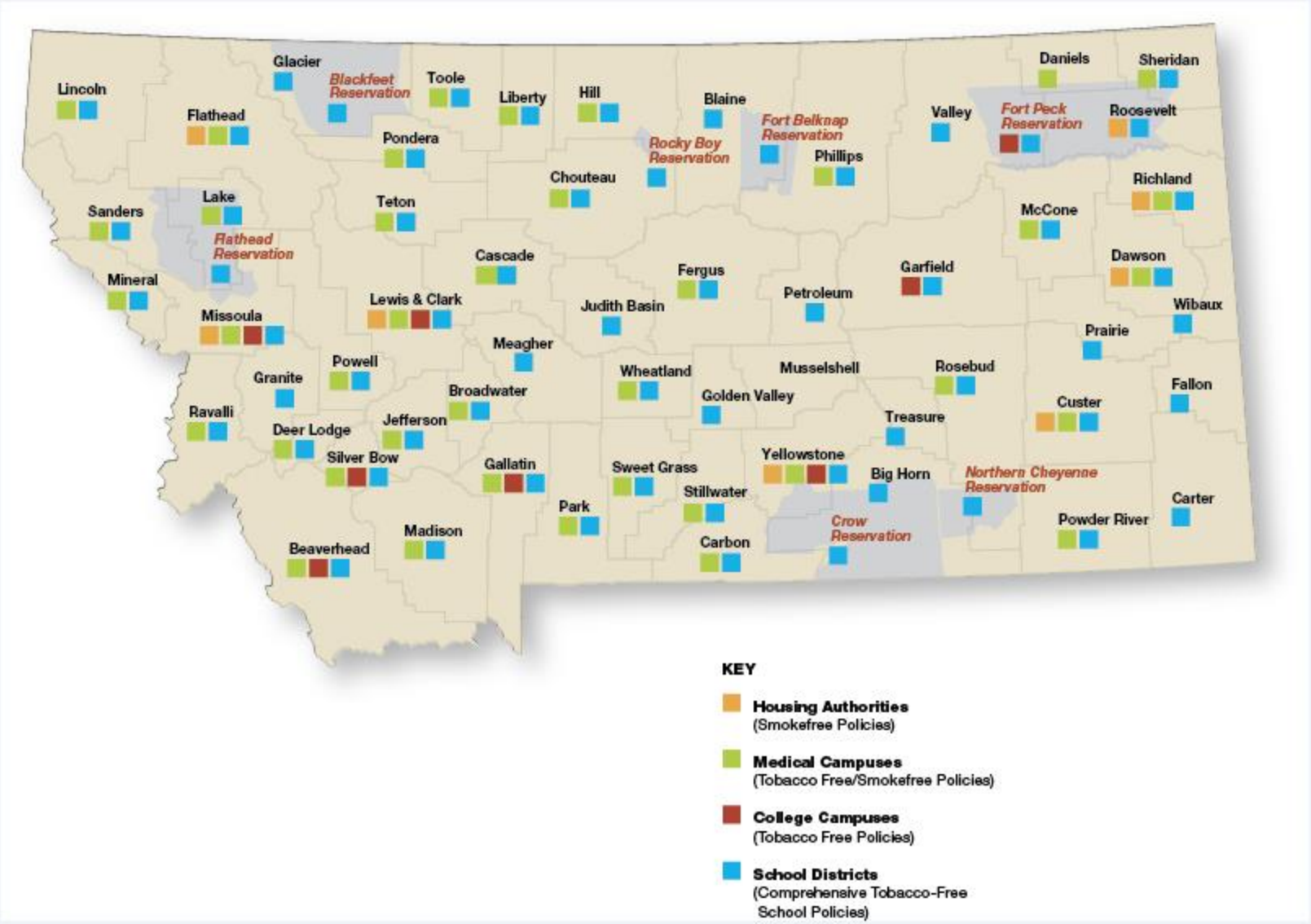


Figure. Tobacco free/smoke free medical campuses, housing authorities, college campuses, and school districts, Montana, 2014.



Smokefree and Tobacco-Free Policies

As of 2015….

- 8 Tobacco-Free College Campuses
- 11 Smokefree Public Housing Authorities
- 58 Tobacco-Free Medical Campuses
- 291 School Districts with a Comprehensive Tobacco-Free Policy (that's 70% of school districts)

Other local news….

- In February 2015, the Helena City Commission voted unanimously to adopt a Tobacco-Free policy for all developed city parks in Helena.
- TWO localities now prohibit the use of electronic smoking devices under their local Clean Indoor Air Act protocol (Lewis and Clark County and just in…… Carbon County!)

Figure. Montana Youth Smoking Prevalence vs. Cigarette Pack Price, 1993-2013

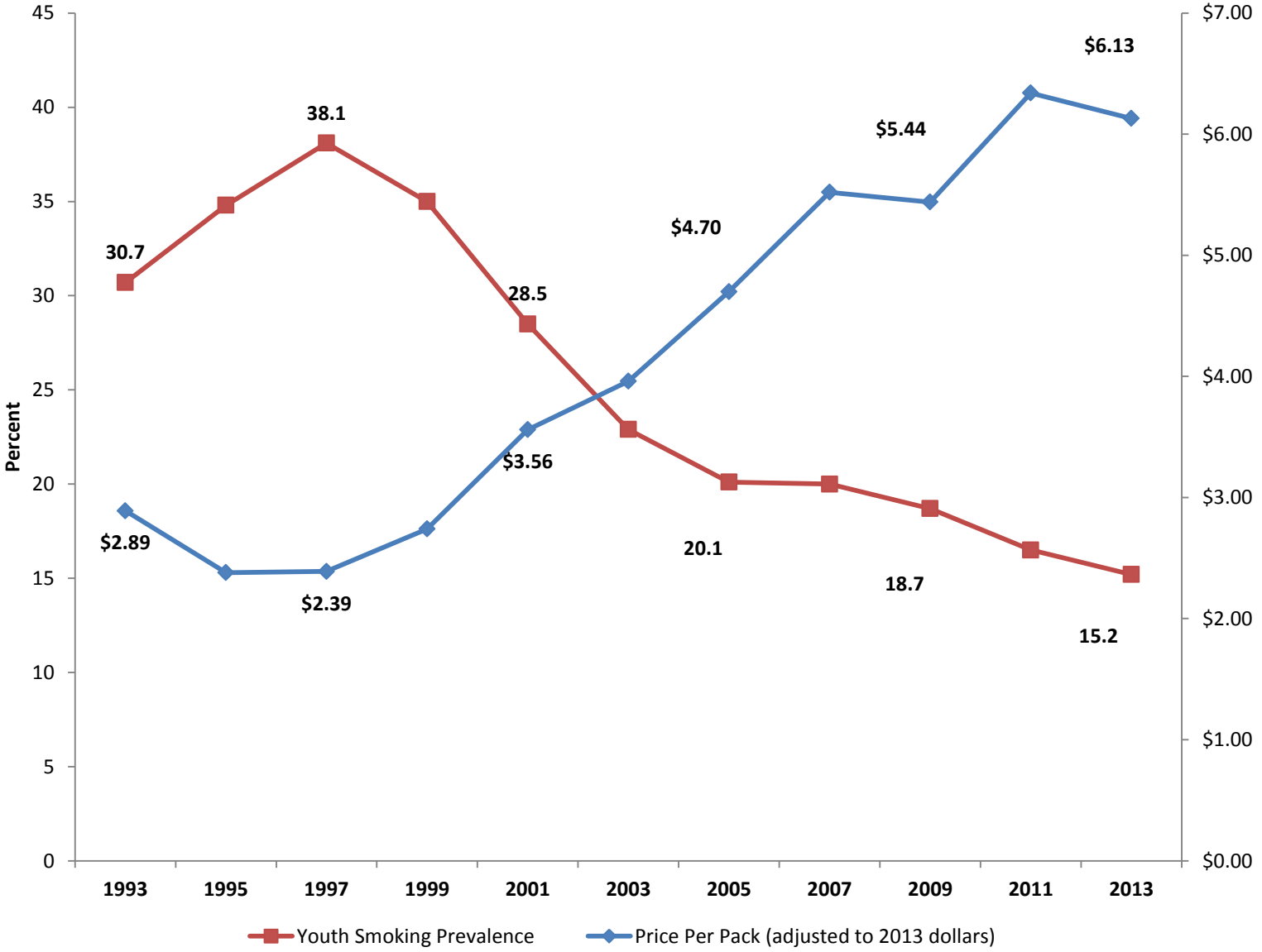
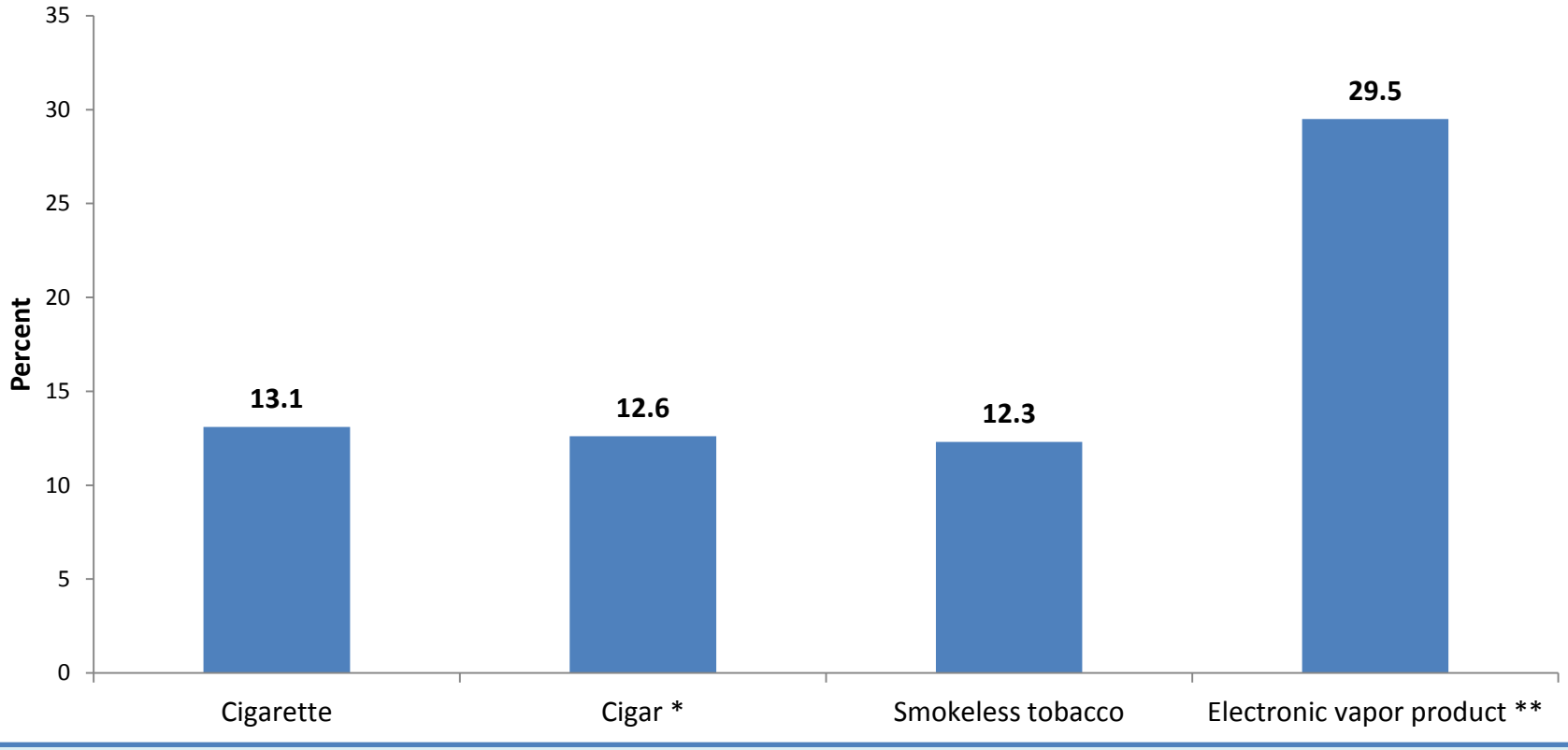
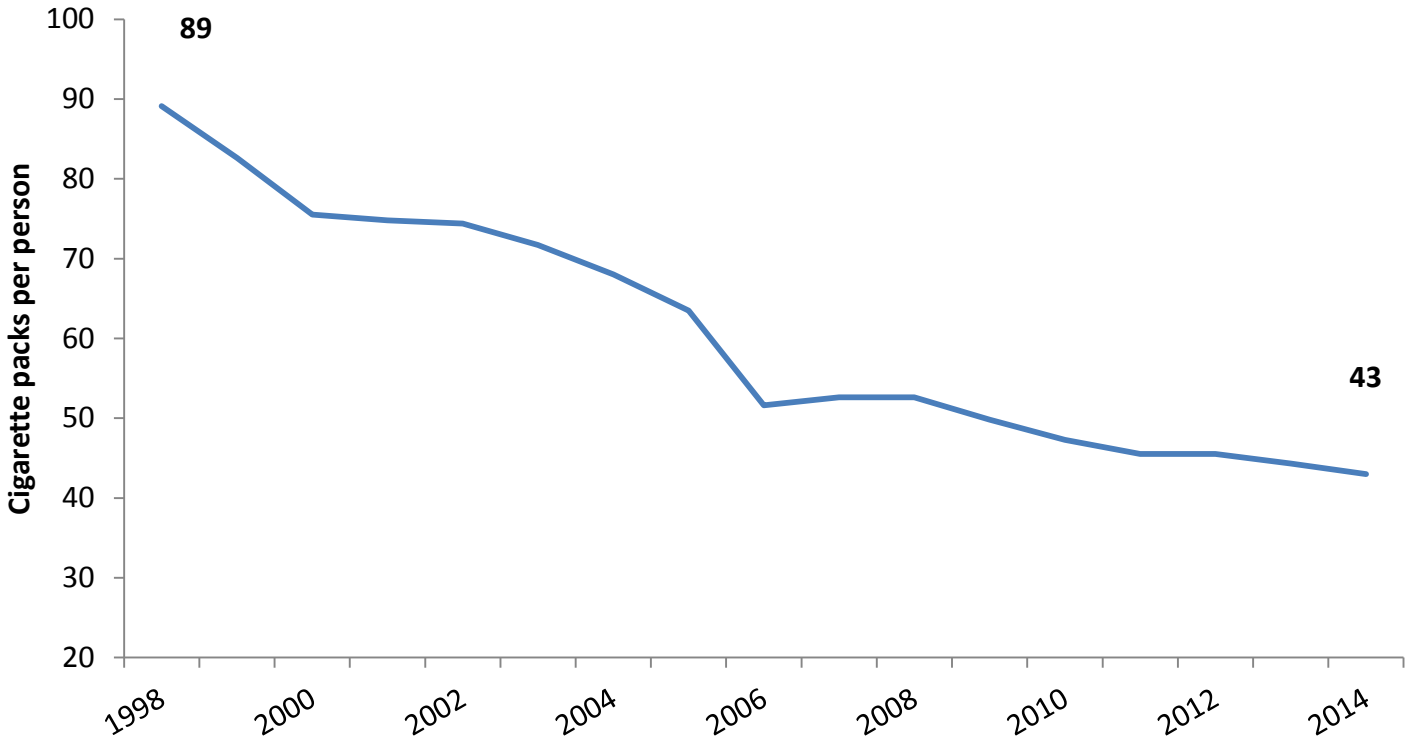


Figure. Current use of tobacco products among Montana youth, YRBS, 2015



Per capita cigarette packs sold in Montana, 1998-2014



Data Source: Orzechowski W, Walker R. The tax burden on tobacco. Historical Compilation, Volume 48. Arlington (VA): Orzechowski and Walker Economic Consulting Firm; 2014.

Supporting Montanans to Quit Commercial Tobacco and Other Nicotine Delivery Products

- **Services provided (800 QUIT NOW):**
  - Free personalized quit plans
  - Free tobacco cessation coaching
  - Free educational materials for providers and participants
  - 8 weeks of free nicotine patches, gum or lozenges
  - Reduced cost Bupropion and Chantix with a valid prescription
- **American Indian Commercial Tobacco Program**
  - Dedicated American Indian coaches
  - Additional counseling sessions
  - Culturally appropriate coaching for those who have a relationship with sacred tobacco
- **Pregnancy Program**
  - Additional coaching with a dedicated female coach
  - An additional 6 weeks of NRT following the birth of the child
  - A monetary reward for each coaching call completed (up to 9 calls)

Clinical Preventive Services and Chronic Disease Management

- Multiple initiatives being implemented:
  - CSI Patient Centered Medical Home (PCMH)
  - Health System Initiatives (e.g., Primary Care Association and Community Health Centers)
  - DPHHS Initiatives
    - PHSD (Asthma, hypertension, diabetes, immunizations, cancer screening, tobacco cessation)
    - Medicaid
  - State Innovative Model plan

CLINIC NAME
2014 Quality Metric Data Feedback Report
Attested Aggregate Data

This report contains analyses of the Montana PCMH quality metric data collected from 2014. The report displays your clinic-specific information and summary information from all PCMHs for each quality metric. The measures were carefully selected for a specific focus, producing information with potential actionable change for all PCMHs. Data tracking provides opportunities to identify possible gaps in care, to explore new and innovative processes, to reach out to patients before chronic diseases develop or worsen and to investigate EMR functionality and operability. The Montana Office of the Commissioner of Securities and Insurance (CSI) is collaborating with experts to give PCMH clinics tools and strategies related to the four metrics.

Montana PCMH Program 2014 Quality & Performance Metrics

Blood pressure — Percentage of patients ≥18 through 85 years in the PCMH patient population, who had a diagnosis of hypertension (HTN) and one or more outpatient visits during the reporting period: calendar year 2014, whose blood pressure (BP) was adequately controlled (systolic <140 mmHg and <90 mmHg) during the measurement period.

Tobacco use and cessation — Percentage of patients ≥18 years in the PCMH patient population who had two or more outpatient visits for any reason, or had one preventive care visit during the reporting period: calendar year 2014. The percentage of tobacco users who received a tobacco cessation intervention during the measurement period.

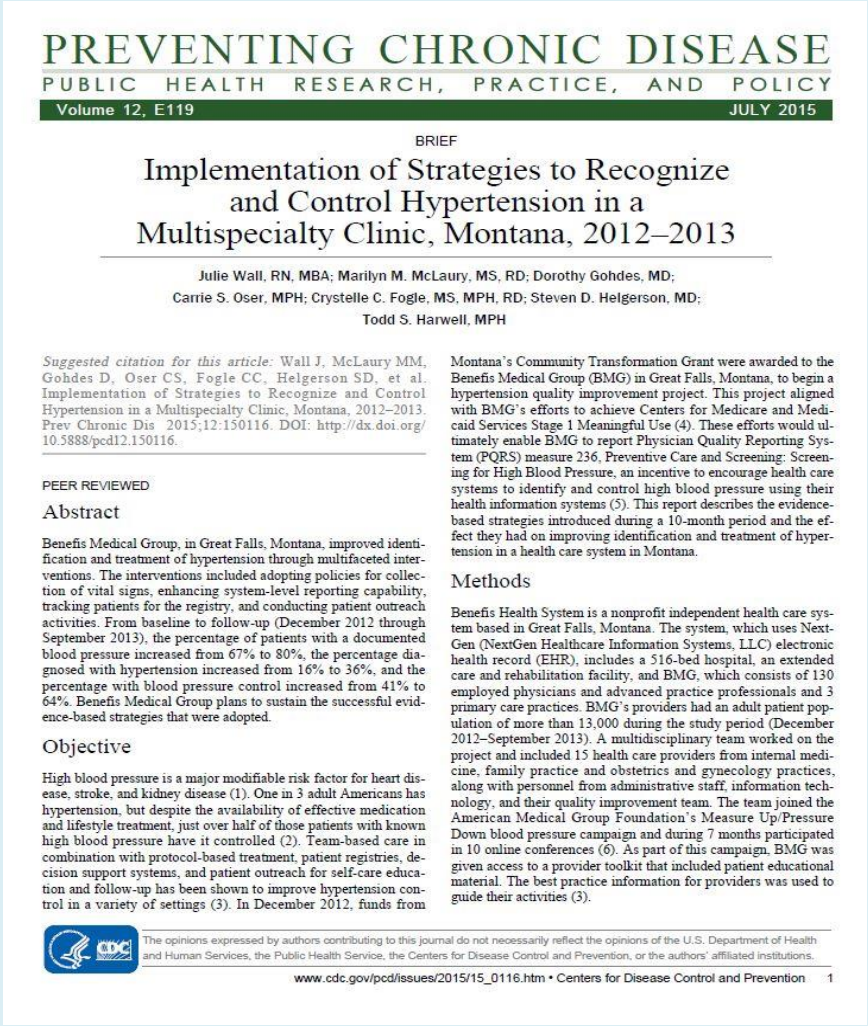
Diabetes — Percentage of adults aged ≥18 through 75 years in the PCMH patient population who (a) had the diagnosis of diabetes mellitus (type 1 or type 2), and (b) had one or more outpatient visits during the reporting period: calendar year 2014. The percentage of those patients who had hemoglobin A1c > 9.0% during the measurement period.

Childhood immunizations — Percentage of children whose 3rd birthday occurred from January 1, 2014 through January 1, 2015 and who had one or more outpatient visits during the reporting period: calendar year 2014, who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VAR); four pneumococcal conjugate (PCV).

Please consider the limitations section for each measure when reviewing the data. If chart illustrates zero (0), the clinic did not provide data for that metric. This is because clinics were given the option to report on three of the four required metrics. Also, each reference to "All MT PCMHs" only includes the PCMHs that reported data on that metric.

Name Legend: IM=Internal Medicine, FM=Family Medicine, OB=Obstetrics & Gynecology, dba=Doing Business As.

- Collaborative efforts being implement to improve:
  - Preventive services
    - CRC screening
    - Tobacco cessation
    - Immunizations
  - Improve outcomes
    - HTN
    - Diabetes
    - Asthma



PREVENTING CHRONIC DISEASE
PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY
Volume 12, E119 JULY 2015

BRIEF

Implementation of Strategies to Recognize and Control Hypertension in a Multispecialty Clinic, Montana, 2012–2013

Julie Wall, RN, MBA; Marilyn M. McLaury, MS, RD; Dorothy Gohdes, MD; Carrie S. Oser, MPH; Crystelle C. Fogle, MS, MPH, RD; Steven D. Helgerson, MD; Todd S. Harwell, MPH

Suggested citation for this article: Wall J, McLaury MM, Gohdes D, Oser CS, Fogle CC, Helgerson SD, et al. Implementation of Strategies to Recognize and Control Hypertension in a Multispecialty Clinic, Montana, 2012–2013. Prev Chronic Dis 2015;12:150116. DOI: http://dx.doi.org/10.5888/pcd12.150116.

PEER REVIEWED

Abstract

Benefis Medical Group, in Great Falls, Montana, improved identification and treatment of hypertension through multifaceted interventions. The interventions included adopting policies for collection of vital signs, enhancing system-level reporting capability, tracking patients for the registry, and conducting patient outreach activities. From baseline to follow-up (December 2012 through September 2013), the percentage of patients with a documented blood pressure increased from 67% to 80%, the percentage diagnosed with hypertension increased from 16% to 36%, and the percentage with blood pressure control increased from 41% to 64%. Benefis Medical Group plans to sustain the successful evidence-based strategies that were adopted.

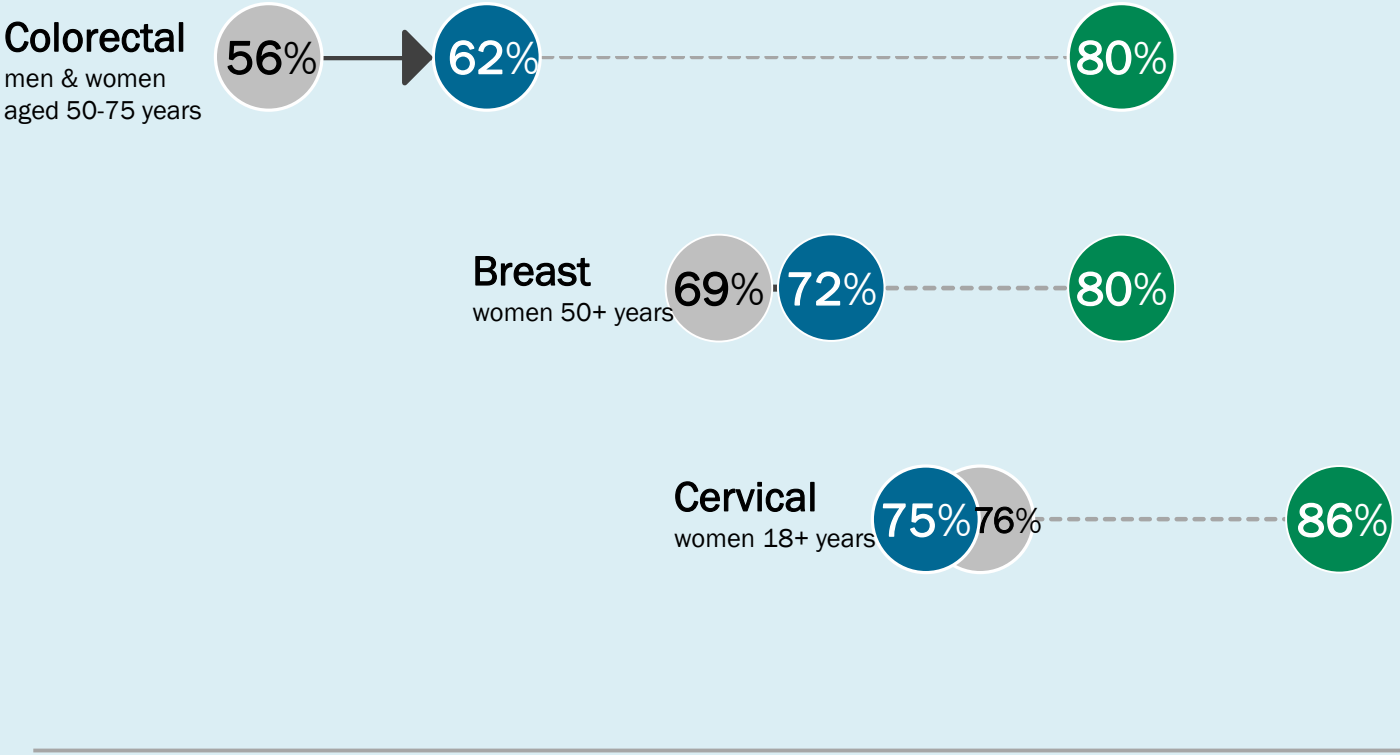
Objective

High blood pressure is a major modifiable risk factor for heart disease, stroke, and kidney disease (1). One in 3 adult Americans has hypertension, but despite the availability of effective medication and lifestyle treatment, just over half of those patients with known high blood pressure have it controlled (2). Team-based care in combination with protocol-based treatment, patient registries, decision support systems, and patient outreach for self-care education and follow-up has been shown to improve hypertension control in a variety of settings (3). In December 2012, funds from Montana's Community Transformation Grant were awarded to the Benefis Medical Group (BMG) in Great Falls, Montana, to begin a hypertension quality improvement project. This project aligned with BMG's efforts to achieve Centers for Medicare and Medicaid Services Stage 1 Meaningful Use (4). These efforts would ultimately enable BMG to report Physician Quality Reporting System (PQRS) measure 236, Preventive Care and Screening: Screening for High Blood Pressure, an incentive to encourage health care systems to identify and control high blood pressure using their health information systems (5). This report describes the evidence-based strategies introduced during a 10-month period and the effect they had on improving identification and treatment of hypertension in a health care system in Montana.

Methods

Benefis Health System is a nonprofit independent health care system based in Great Falls, Montana. The system, which uses NextGen (NextGen Healthcare Information Systems, LLC) electronic health record (EHR), includes a 516-bed hospital, an extended care and rehabilitation facility, and BMG, which consists of 130 employed physicians and advanced practice professionals and 3 primary care practices. BMG's providers had an adult patient population of more than 13,000 during the study period (December 2012–September 2013). A multidisciplinary team worked on the project and included 15 health care providers from internal medicine, family practice and obstetrics and gynecology practices, along with personnel from administrative staff, information technology, and their quality improvement team. The team joined the American Medical Group Foundation's Measure Up/Pressure Down blood pressure campaign and during 7 months participated in 10 online conferences (6). As part of this campaign, BMG was given access to a provider toolkit that included patient educational material. The best practice information for providers was used to guide their activities (3).

Figure. Percent of Montana adults up-to-date with cancer screening in 2012 & 2014 and the 2018 goal



Data Source: Montana Behavioral Risk Factor Surveillance System, 2012 & 2014

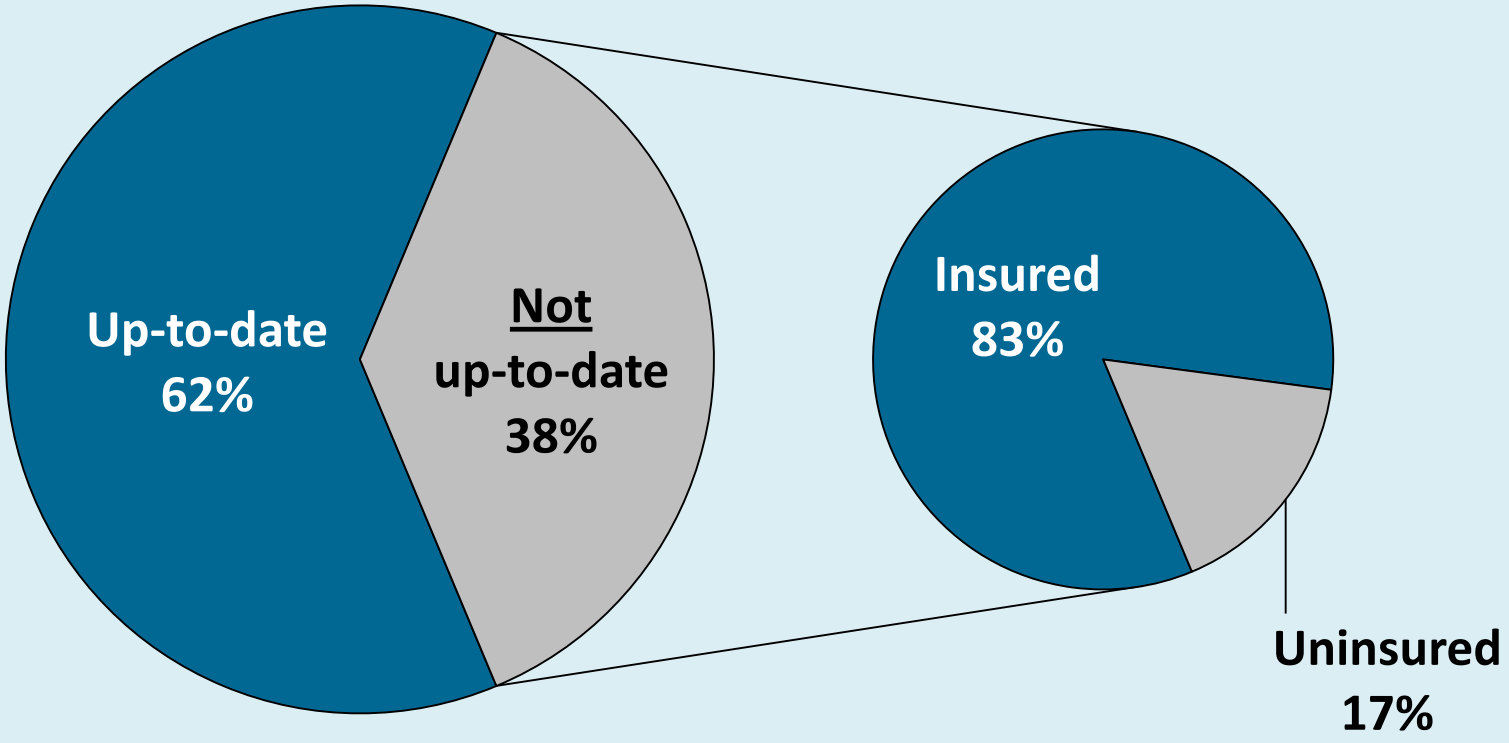
Up-to-date colorectal cancer screening is defined as men and women aged 50-75 years reporting having had a colonoscopy in the past 10 years, a sigmoidoscopy in the past 3 years, or a blood stool test in the past 12 months.

Up-to-date breast cancer screening is defined as women aged 50+ years reporting having had a mammogram within the past 2 years.

Up-to-date cervical cancer screening is defined as women aged 18+ years reporting having had a pap test within the past 3 years.

2018 goal for colorectal cancer screening was set by the American Cancer Society. 2018 goal for breast and cervical cancer screening follows the DPHHS Public Health and Safety Division strategic plan.

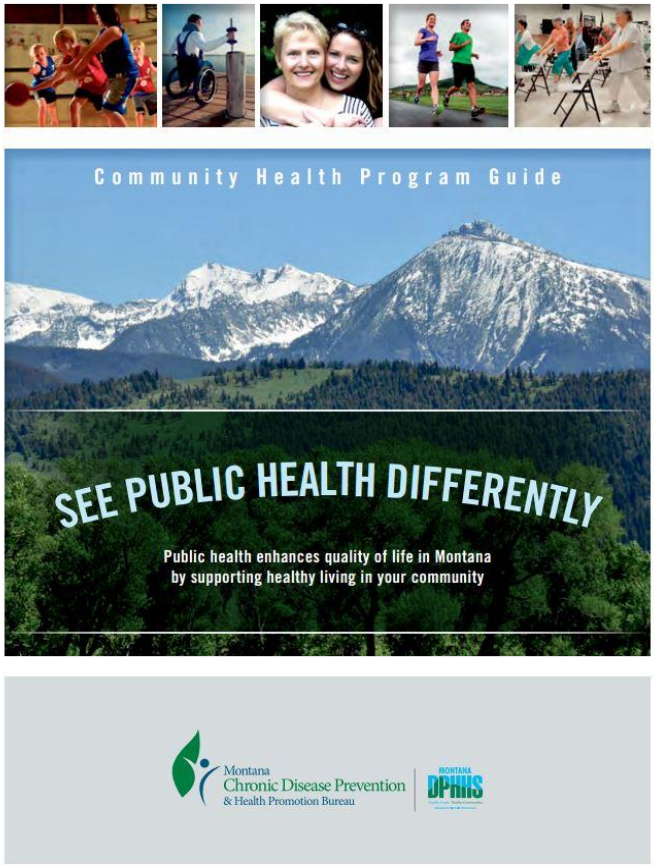
Most Montanans not screened for CRC have health insurance



Data Source: MT BRFSS, 2014

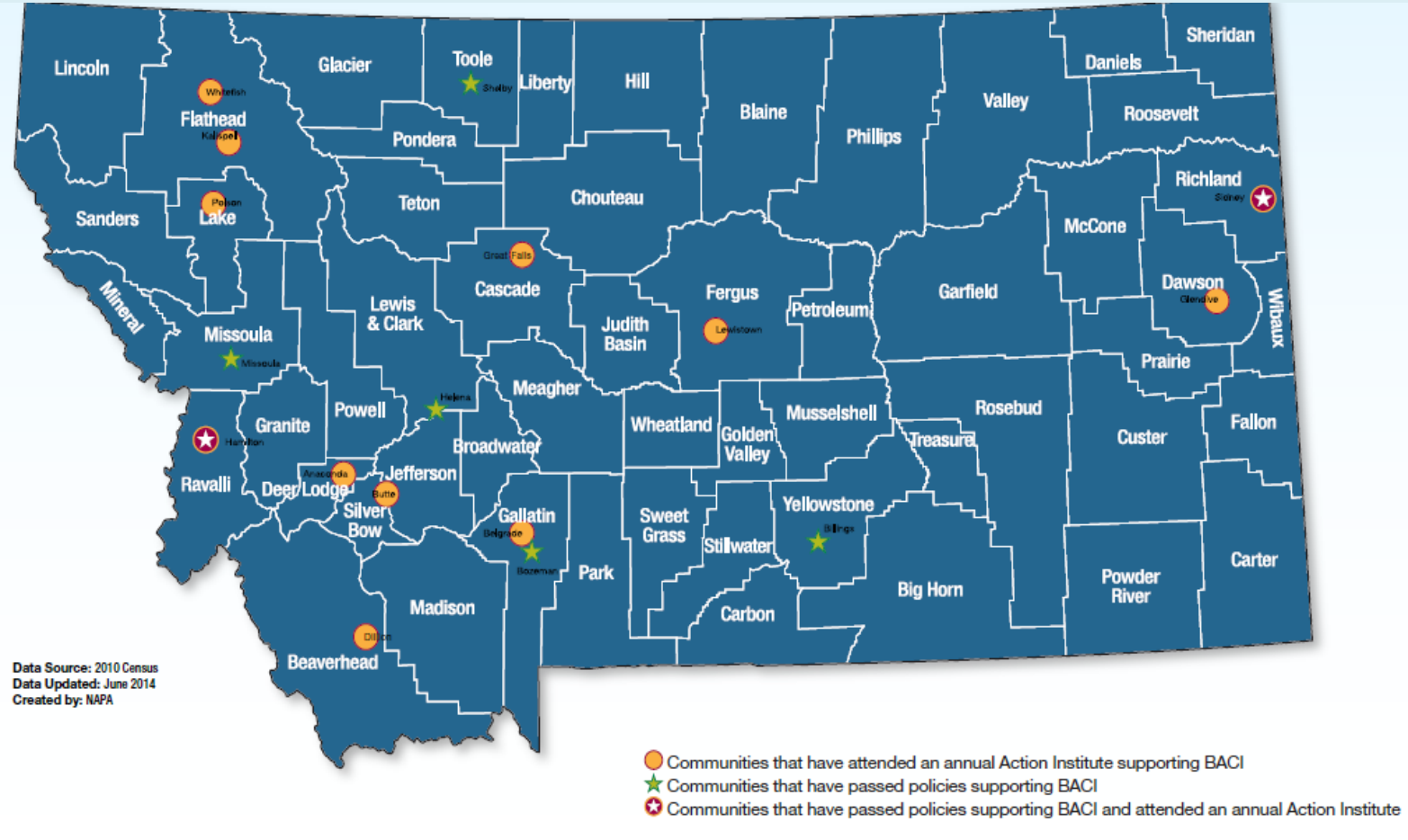
Evidence-based Community Programs* to Support Healthy Living

- Increasing access to programs across the state
  - Arthritis exercise programs
  - Chronic Disease Self-management Programs (e.g., asthma, diabetes, combined)
  - Fall prevent programs focusing on older Montanans
  - CVD and Diabetes Prevention Program



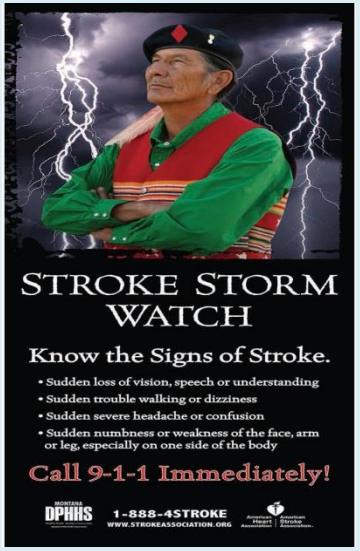
Listing of programs available at:
*http://dphhs.mt.gov/Portals/85/publichealth/ChronicDisease/mtccdp22506CommunityGuideDesignWEBFinalTa.pdf

Building Active Communities Initiative



Increasing Public Awareness

- Many examples of public education efforts to increase awareness:
  - Heart attack and stroke
  - Colorectal cancer screening
  - HIV testing




Preventing Chronic Disease | Cooperative Strategies to Develop Effective Stroke and Hea... Page 1 of 11

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PREVENTING CHRONIC DISEASE
PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY

CME ACTIVITY — Volume 10 — May 16, 2013

Cooperative Strategies to Develop Effective Stroke and Heart Attack Awareness Messages in Rural American Indian Communities, 2009–2010

Carrie S. Oser, MPH; Dorothy Gohdes, MD; Crystelle C. Fogle, MBA, MS, RD; Fawn Tadios; Velva Doore; Doreen S. Bell, MHA; Todd S. Harwell, MPH; Steven D. Helgerson, MD, MPH

Suggested citation for this article: Oser CS, Gohdes D, Fogle CC, Tadios F, Doore V, Bell DS, et al. Cooperative Strategies to Develop Effective Stroke and Heart Attack Awareness Messages in Rural American Indian Communities, 2009–2010. Prev Chronic Dis 2013;10:120277. DOI: http://dx.doi.org/10.5888/pcd10.120277.

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Medscape, LLC designates this Journal-based CME activity for a maximum of 1 **AMA PRA Category 1 Credit(s)™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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Release date: May 15, 2013; Expiration date: May 15, 2014

Learning Objectives

Upon completion of this activity, participants will be able to:

- Report the current trend regarding heart disease and stroke mortality in AIs
- Describe public education campaign strategies that may be utilized in educating AI communities
- Report the effects of heart attack and stroke-related public awareness campaigns within an AI community
- Assess the results in the need to seek treatment after public education campaigns regarding heart attack and stroke were incorporated in AI communities

EDITORS

Rosemarie Perrin, Editor; Camilla Martin, Editor *Preventing Chronic Disease*. Disclosure: Rosemarie Perrin and Camille Martin have disclosed no relevant financial relationships.

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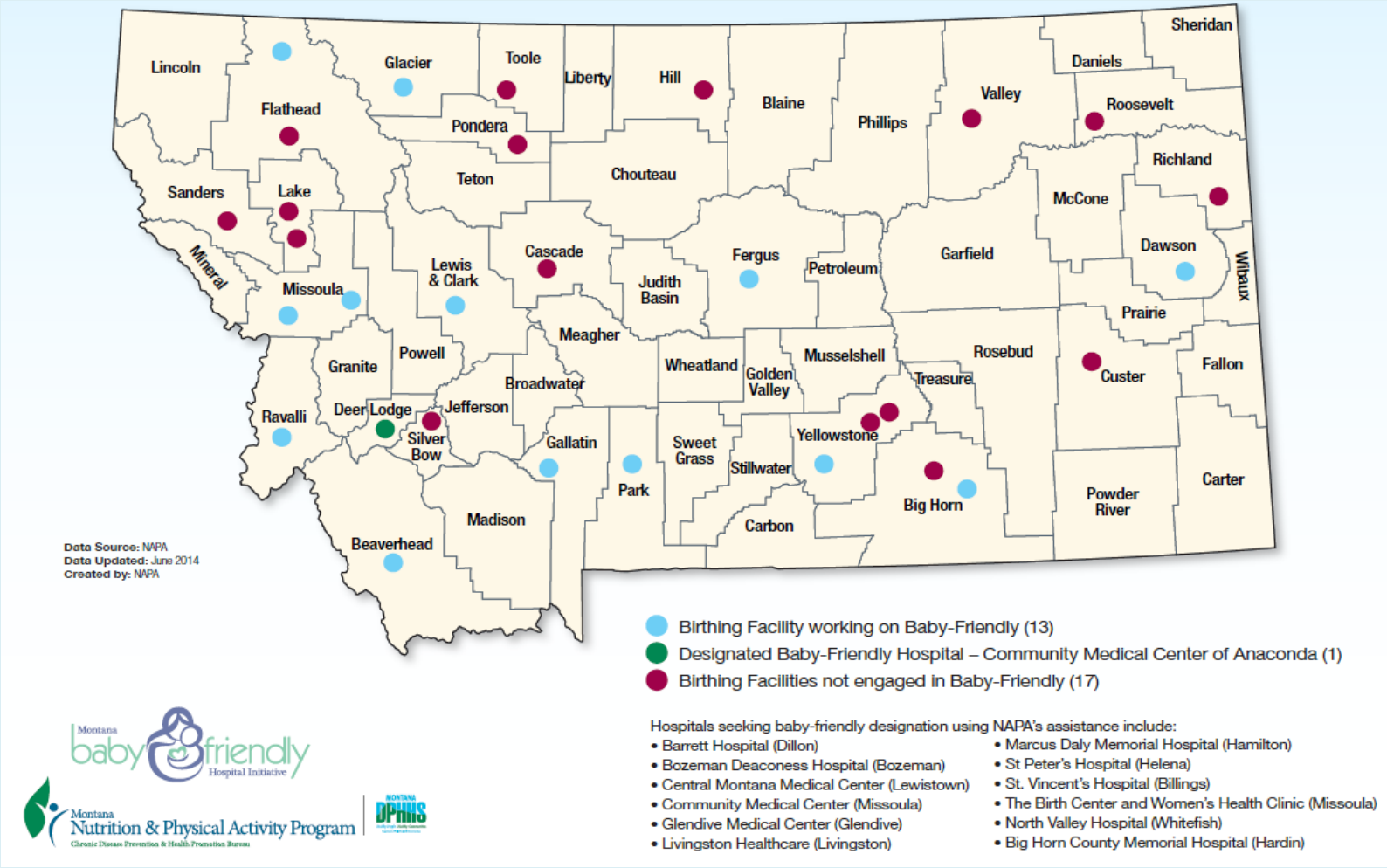
Affiliations: Carrie S. Oser, Dorothy Gohdes, Crystelle C. Fogle, Todd S. Harwell, and Steven D. Helgerson, Montana Department of Public Health and Human Services, Cardiovascular Health Program, Helena, Montana; Fawn Tadios, Chippewa Cree Tribal Health, Box

Promote the of Mothers, Infants, and Children

Baby Friendly Hospital Initiative



Hospitals seeking baby-friendly designation using NAPA's assistance include:

- Barrett Hospital (Dillon)
- Bozeman Deaconess Hospital (Bozeman)
- Central Montana Medical Center (Lewistown)
- Community Medical Center (Missoula)
- Glendive Medical Center (Glendive)
- Livingston Healthcare (Livingston)
- Marcus Daly Memorial Hospital (Hamilton)
- St Peter's Hospital (Helena)
- St. Vincent's Hospital (Billings)
- The Birth Center and Women's Health Clinic (Missoula)
- North Valley Hospital (Whitefish)
- Big Horn County Memorial Hospital (Hardin)

Montana baby friendly Hospital Initiative

Montana Nutrition & Physical Activity Program
Chronic Disease Prevention & Health Promotion Bureau

Montana DPHHS

Figure. Breastfeeding rates for Montana WIC participants, by agency, 2010-2013.

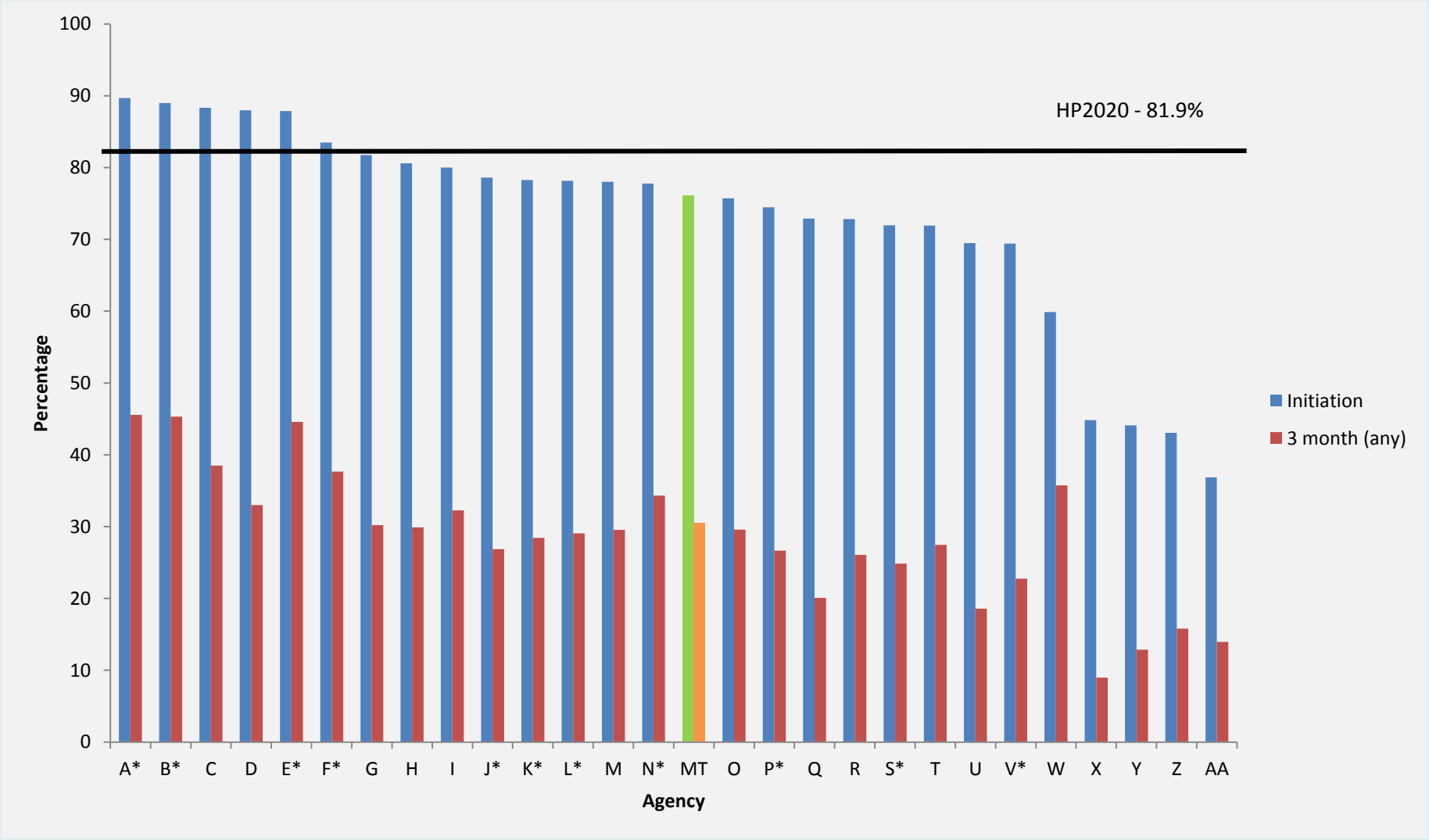
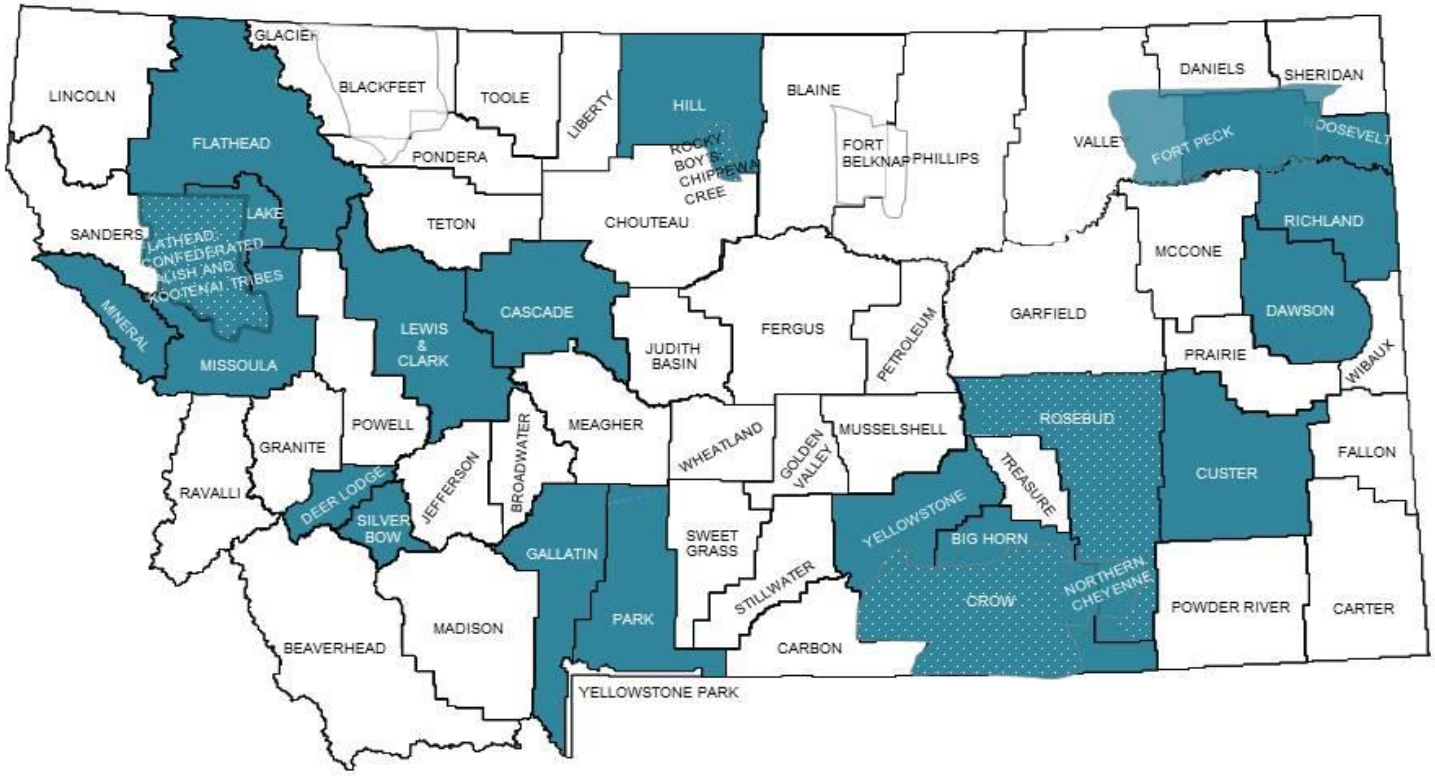


Figure 4. Montana Maternal and Early Childhood Home Visiting Sites, 2014

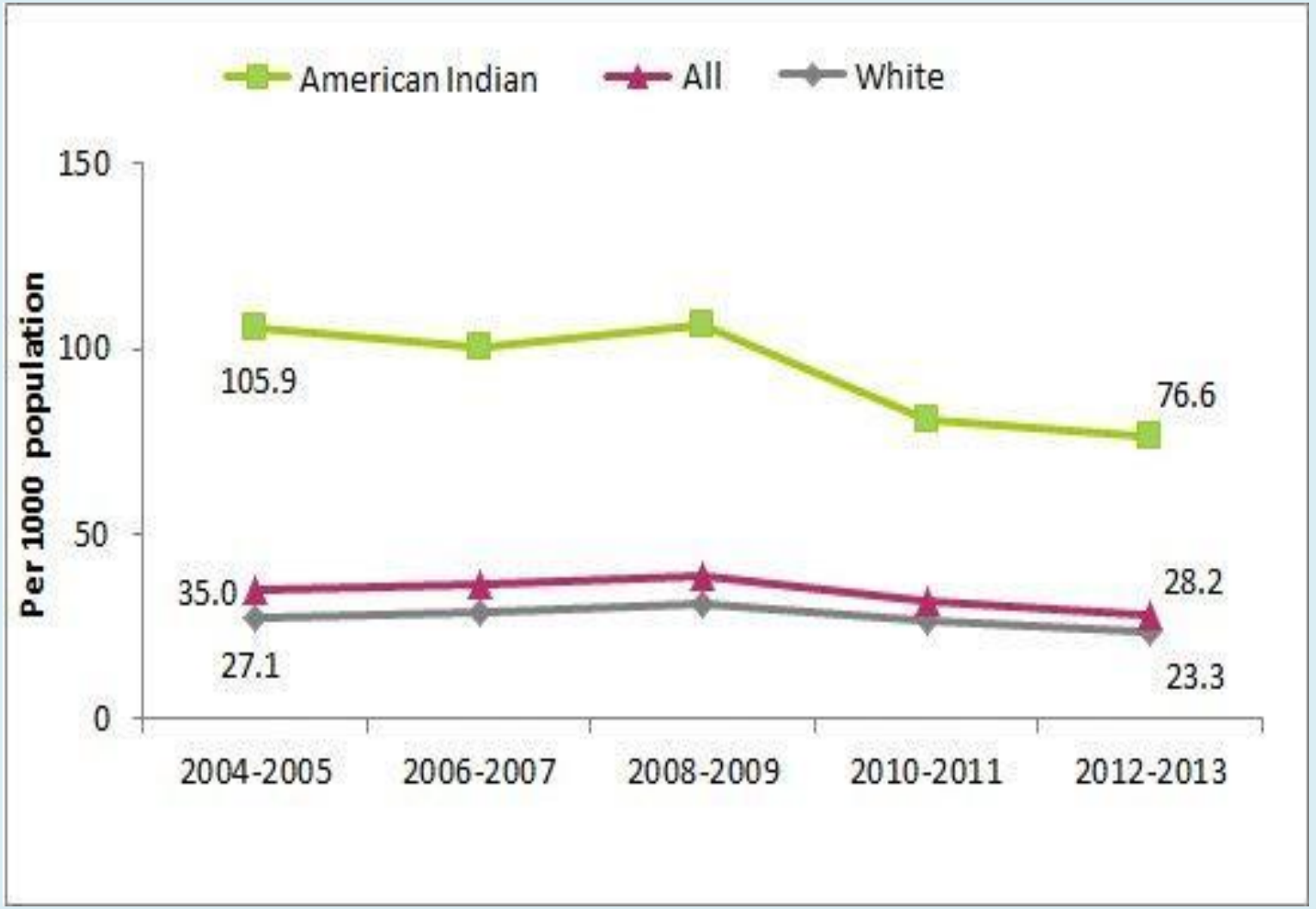


Implementing evidence-based home visiting

Services available through neighboring county

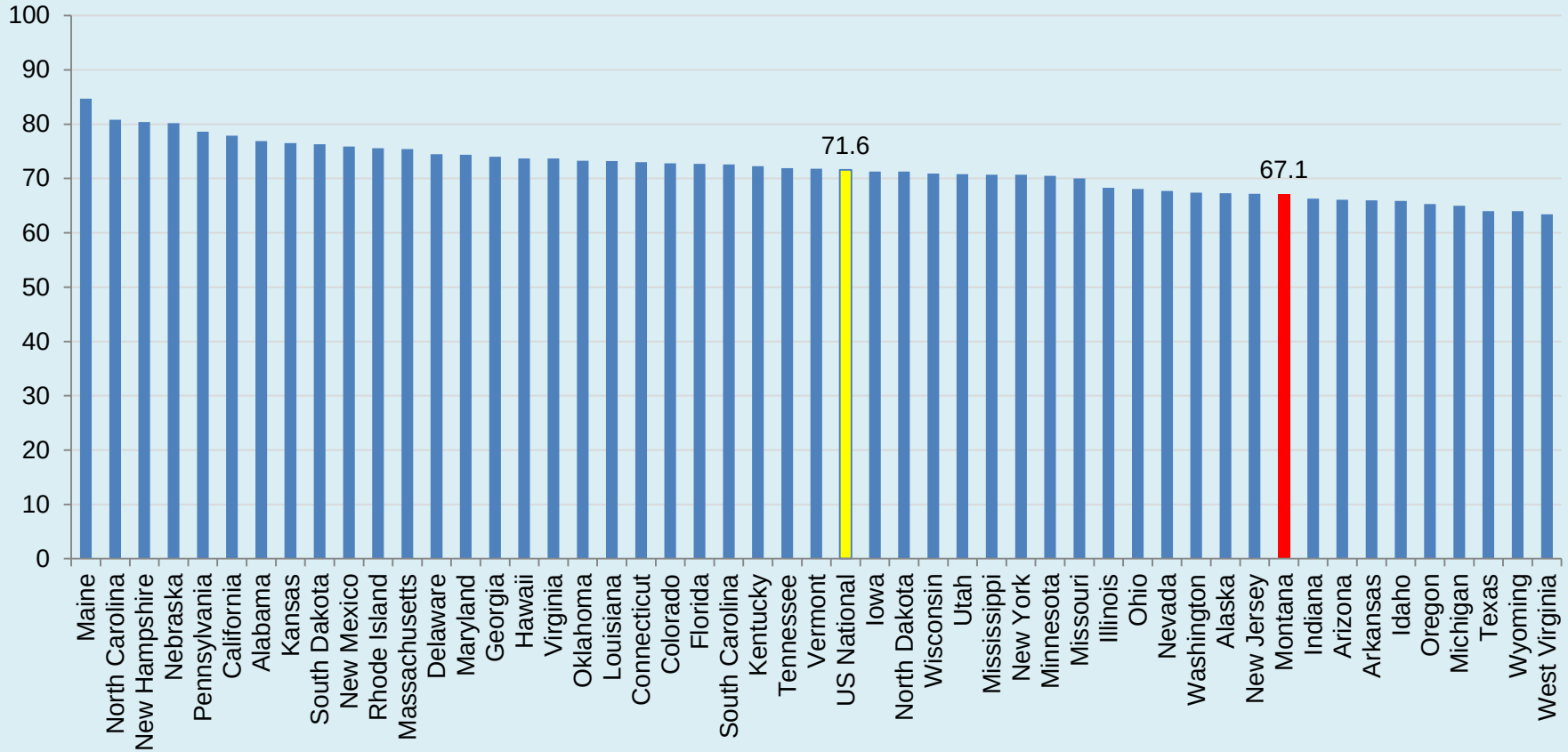
10/10/14

Figure. Teen pregnancy rate per 1,000 live births, overall, and among American Indian and white mothers, Montana 2004-2013.



Prevent, Identify and Control Communicable Disease

Figure. Estimated Vaccination Coverage Among Children 19-35 Months, 2014 National Immunization Survey Combined 7-Vaccine Series† (4:3:1:4:3:1:4)



† The combined 7-vaccine series (4:3:1:4:3:1:4) includes ≥4 doses of DTaP, ≥3 doses of Polio, ≥1 dose of measles-containing vaccine, Hib full series, ≥3 HepB, ≥1 Var, and ≥4 PCV.

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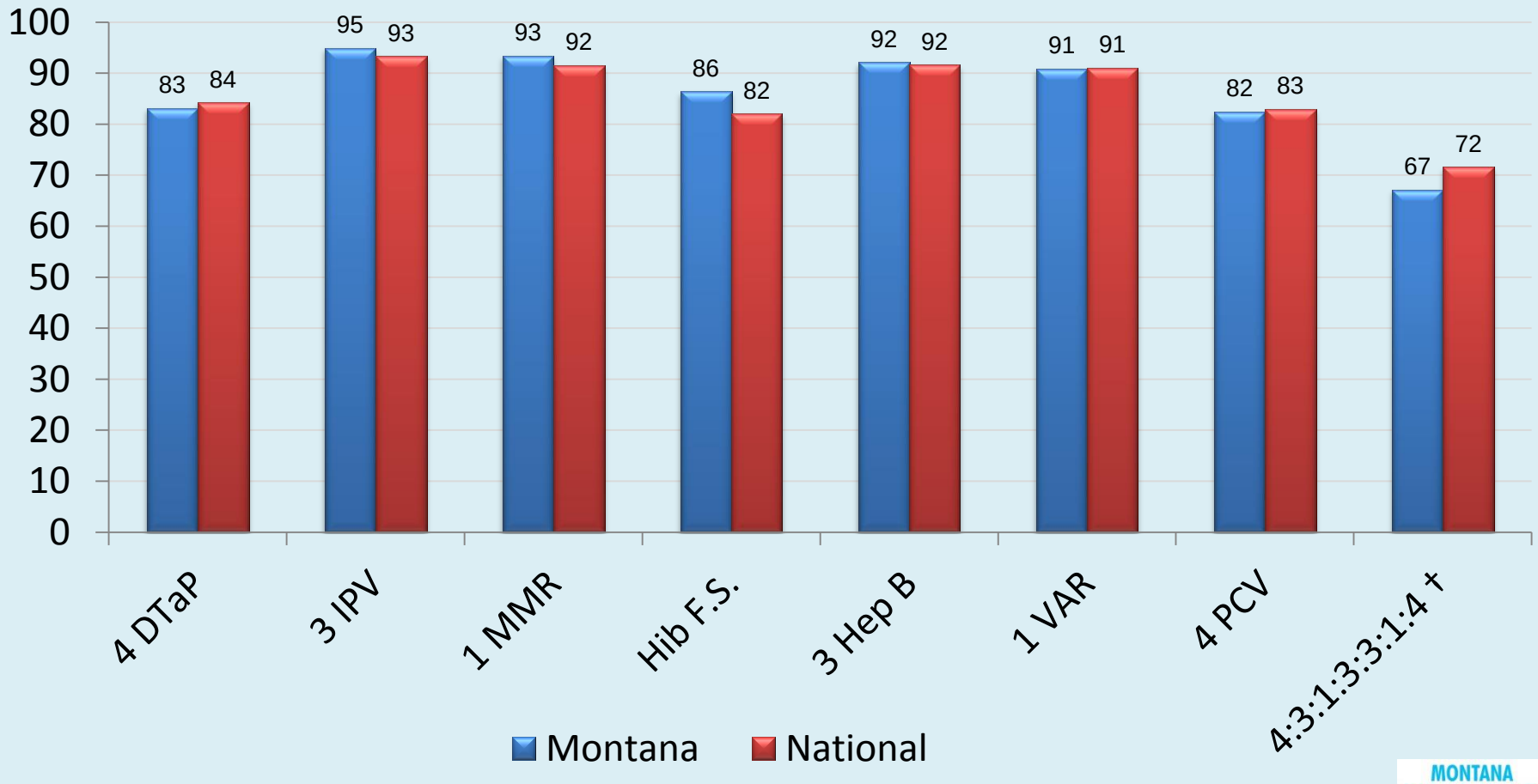
Figure. Estimated Vaccination Coverage Among Children 19-35 Months, Montana and the Nation, 2014 National Immunization Survey

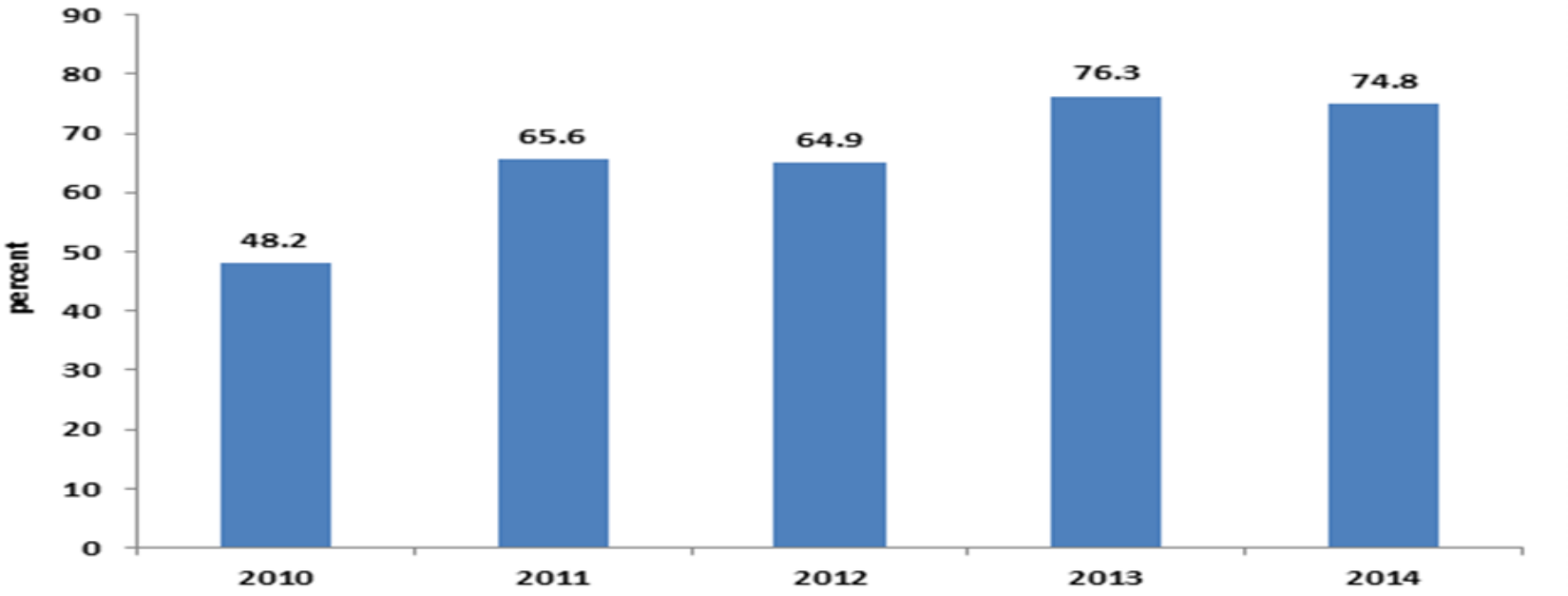


† The combined 7-vaccine series (4:3:1:4:3:1:4) includes ≥4 doses of DTaP, ≥3 doses of Polio, ≥1 dose of measles-containing vaccine, Hib full series, ≥3 HepB, ≥1 Var, and ≥4 PCV.

Continued Efforts to Improve Immunizations

- Passage and implementation of updated school immunization requirements (Varicella and 4th Tdap)
- Continue to work towards getting opt out immunization registry legislation passed
- Update child care immunization requirements Haemophilus and PCV
- Enhanced work with health systems to ensure Montanans are adequately vaccinated
- Thank you to partners for these efforts (e.g., health departments, schools, MMA, AAP, AFP …)

Percent of communicable diseases and conditions reported to local public health departments from health care providers within 24 hours of identification — Montana, 2010–2014



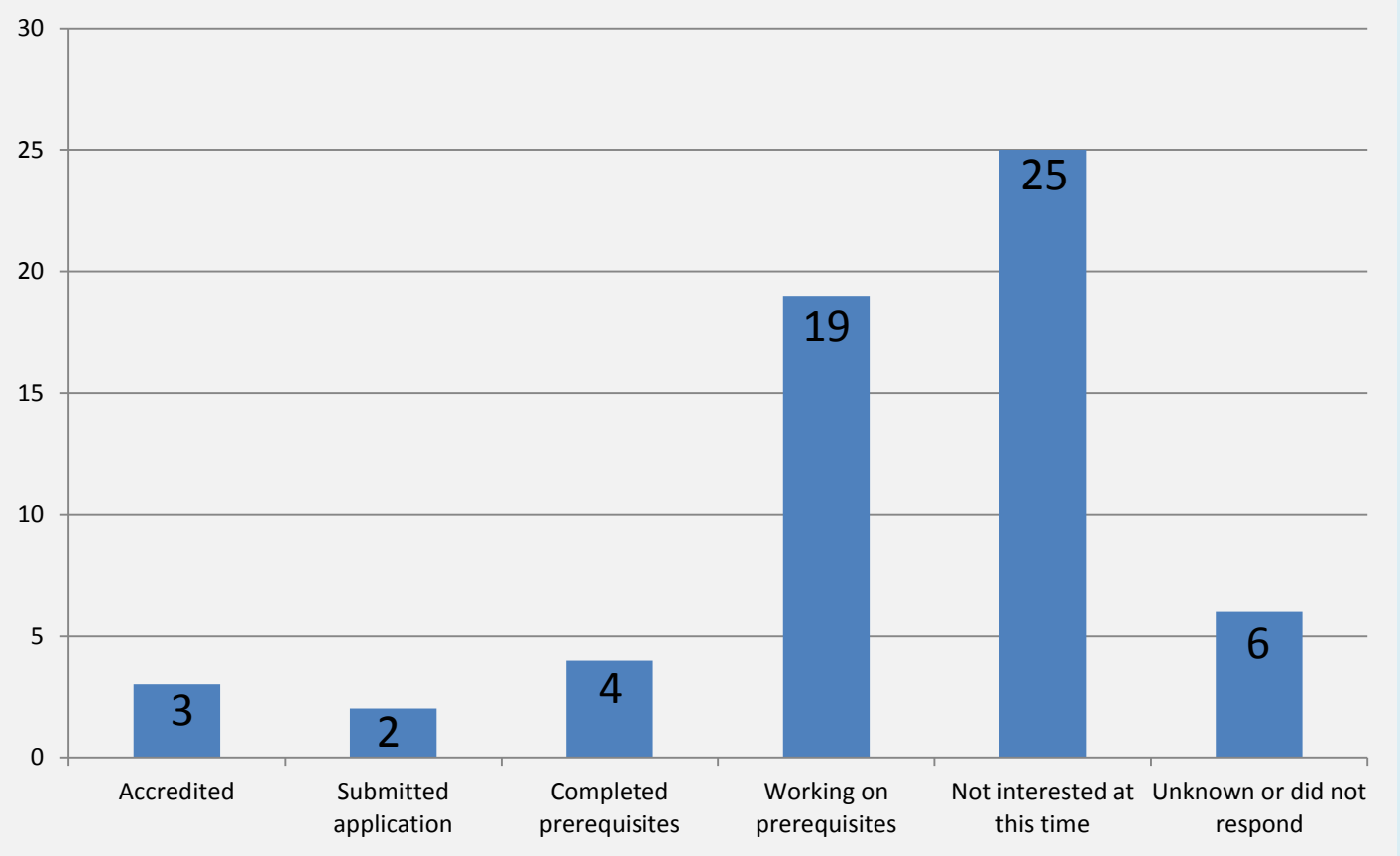
Progress related to food safety

- Food safety partners collaborated to bring forward food safety legislation in the 2015 legislature
  - Established Cottage Food law
  - Clarified Mobile and Temporary Food Establishment issues
  - Moved license fees to rule and we will be working with all of you in 2016 to set 2017 rates
- Continue to advocate for safe foods by educating others on risks such as Raw milk
- DPHHS adopted new national FDA food code

Strengthening the Public Health and Health Care System

- Strengthening PH and HC sector partnerships
- Work force assessment needs and development
- Enhanced use of HIT (e.g., EHR's, telehealth)
- Strengthening local boards of health
- Supporting health departments to become nationally accredited by PHAB
- Implementing new PH surveillance systems to provide targeted information for action

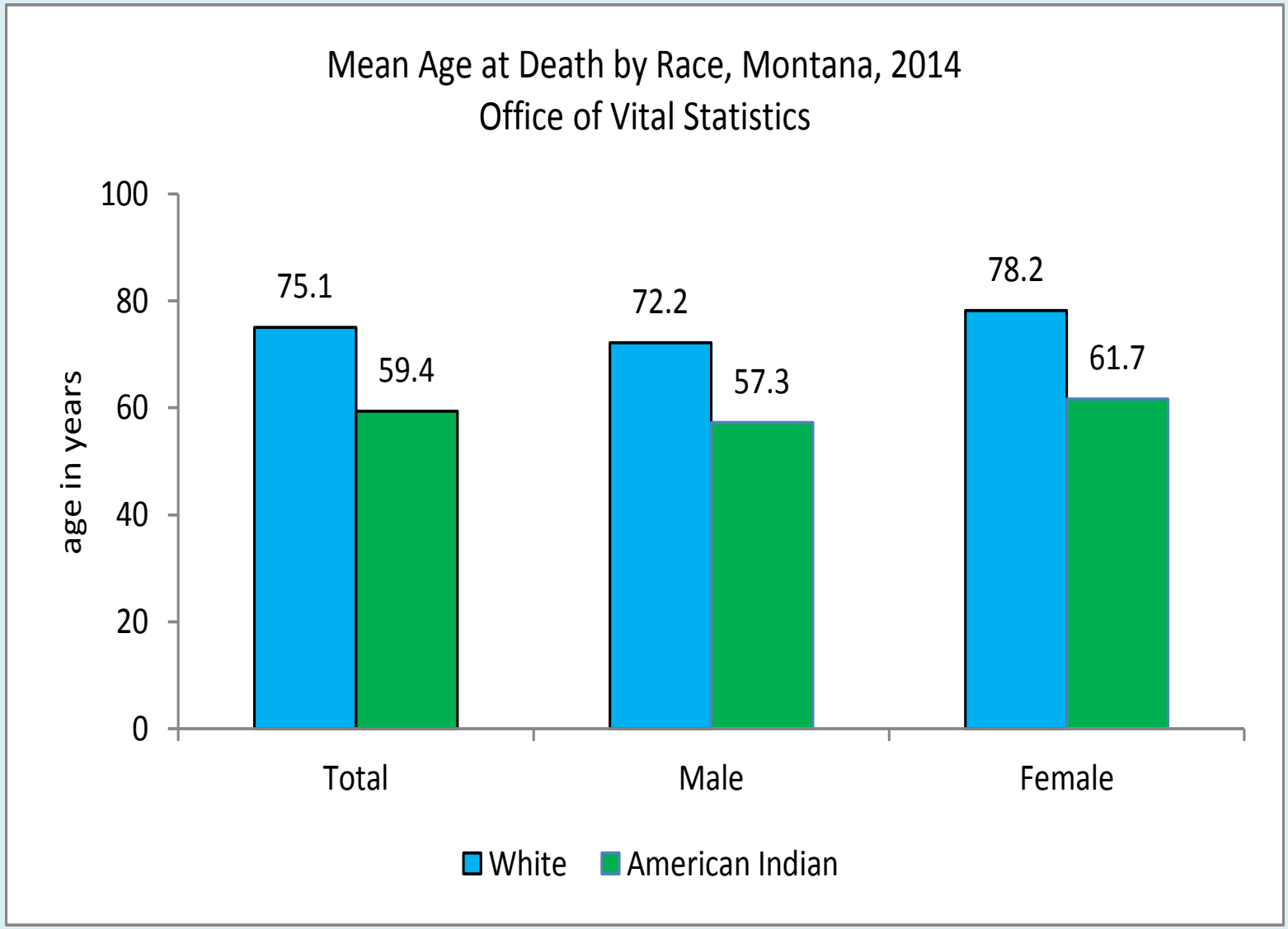
Figure. Status of state and local health departments related to national accreditation, Montana, 2015.

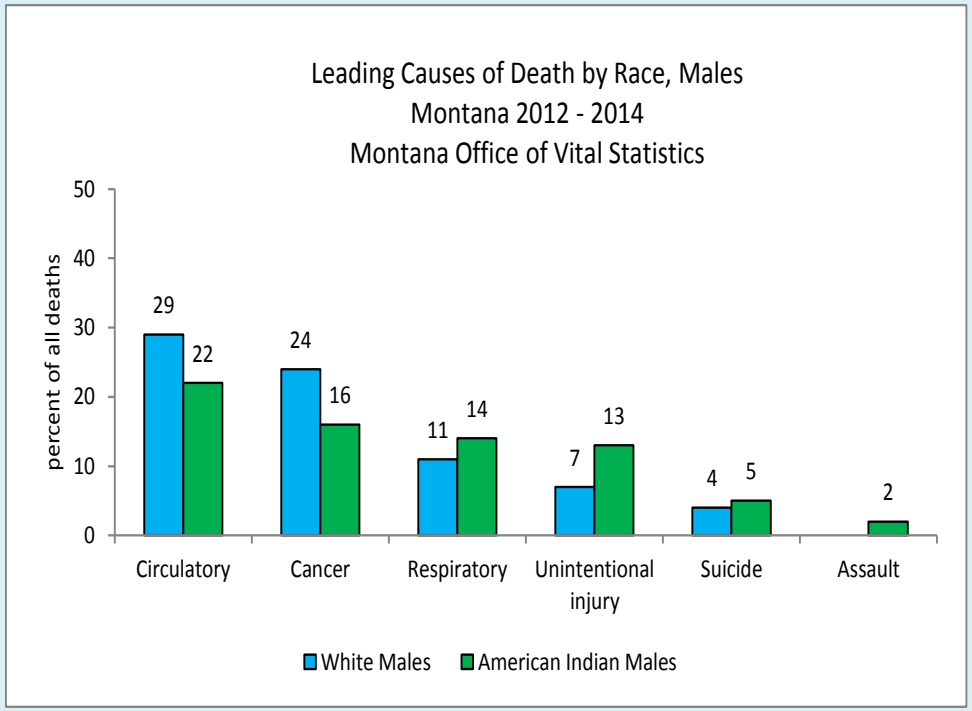


59 state, local, or tribal health departments

Health Disparities in Montana

- Low socio-economic status (e.g., Medicaid)
- American Indian communities
- Persons living with a disability
- Rural communities


Mean Age at Death by Race, Montana, 2014
Office of Vital Statistics
100
80
60
40
20
0
age in years
75.1
59.4
72.2
57.3
78.2
61.7
Total
Male
Female
White
American Indian


Leading Causes of Death by Race, Males
Montana 2012 - 2014
Montana Office of Vital Statistics
percent of all deaths
50
40
30
20
10
0
29
22
24
16
11
14
7
13
4
5
2
Circulatory
Cancer
Respiratory
Unintentional injury
Suicide
Assault
White Males
American Indian Males

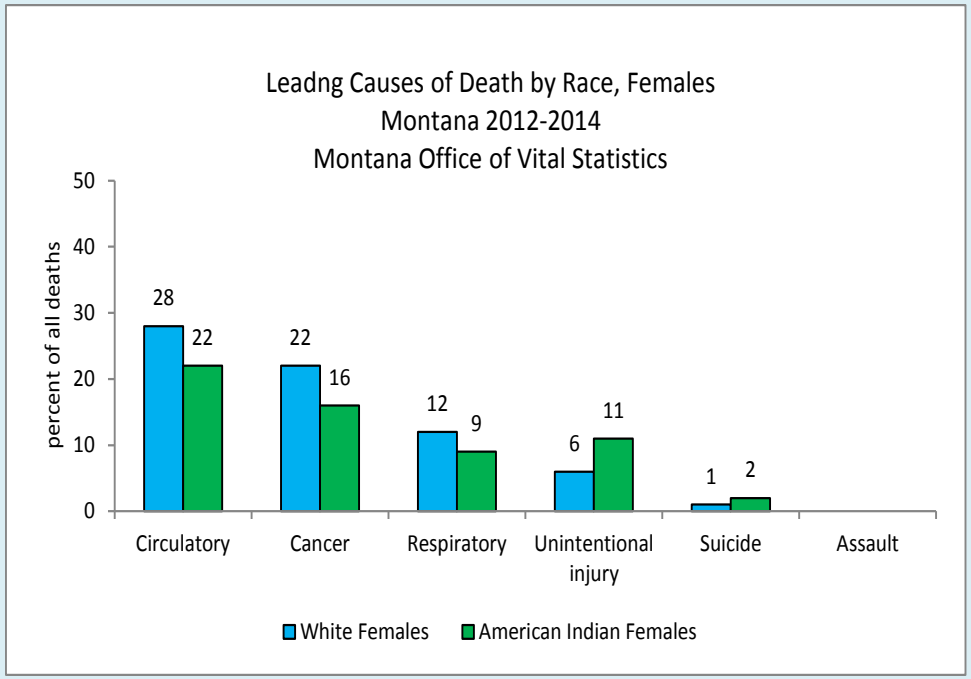

Leadng Causes of Death by Race, Females
Montana 2012-2014
Montana Office of Vital Statistics
percent of all deaths
50
40
30
20
10
0
28
22
22
16
12
9
6
11
1
2
Circulatory
Cancer
Respiratory
Unintentional injury
Suicide
Assault
White Females
American Indian Females

Figure. Prevalence of chronic disease risk factors among adults 18-64 years of age, Medicaid and Montana general population, 2012.

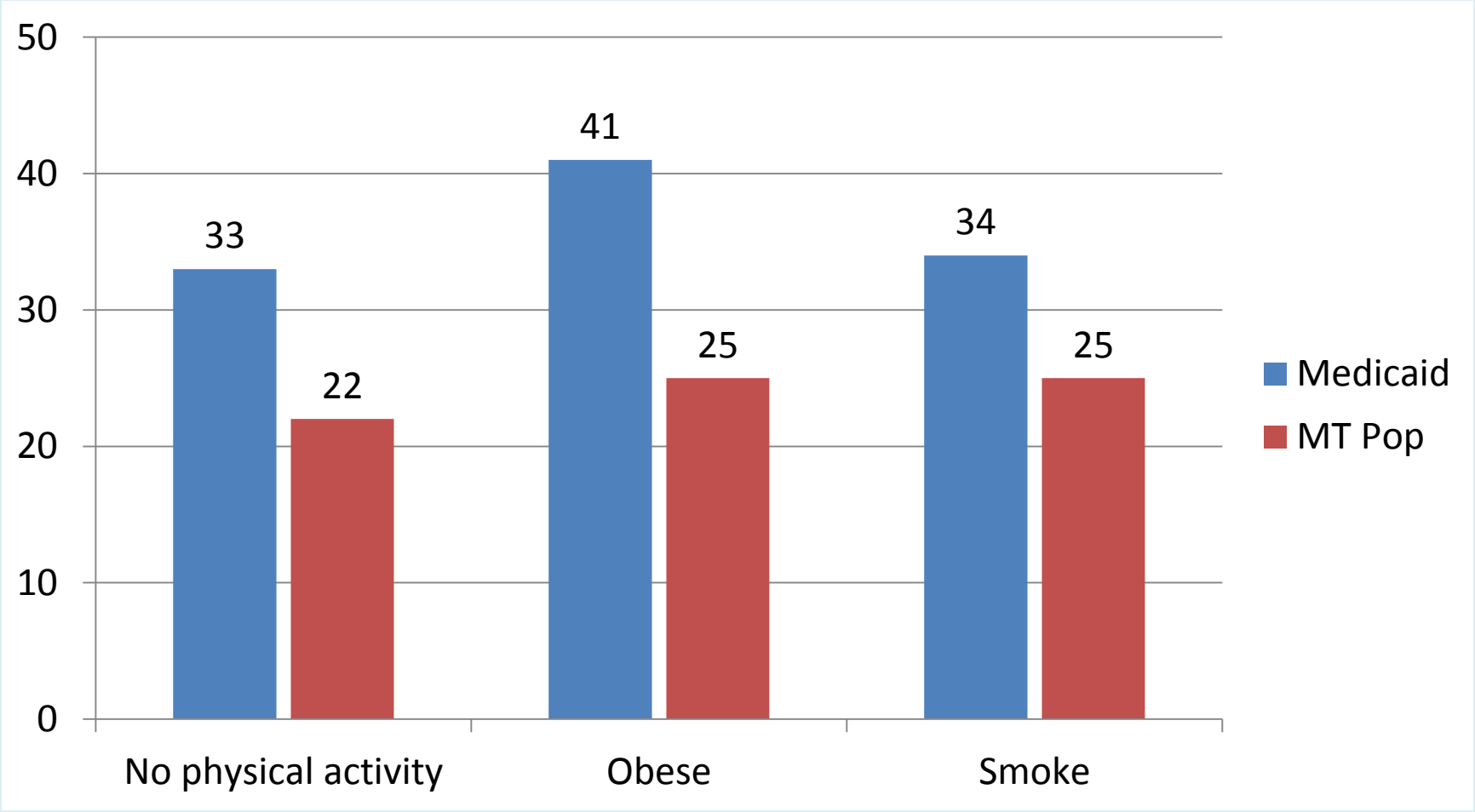
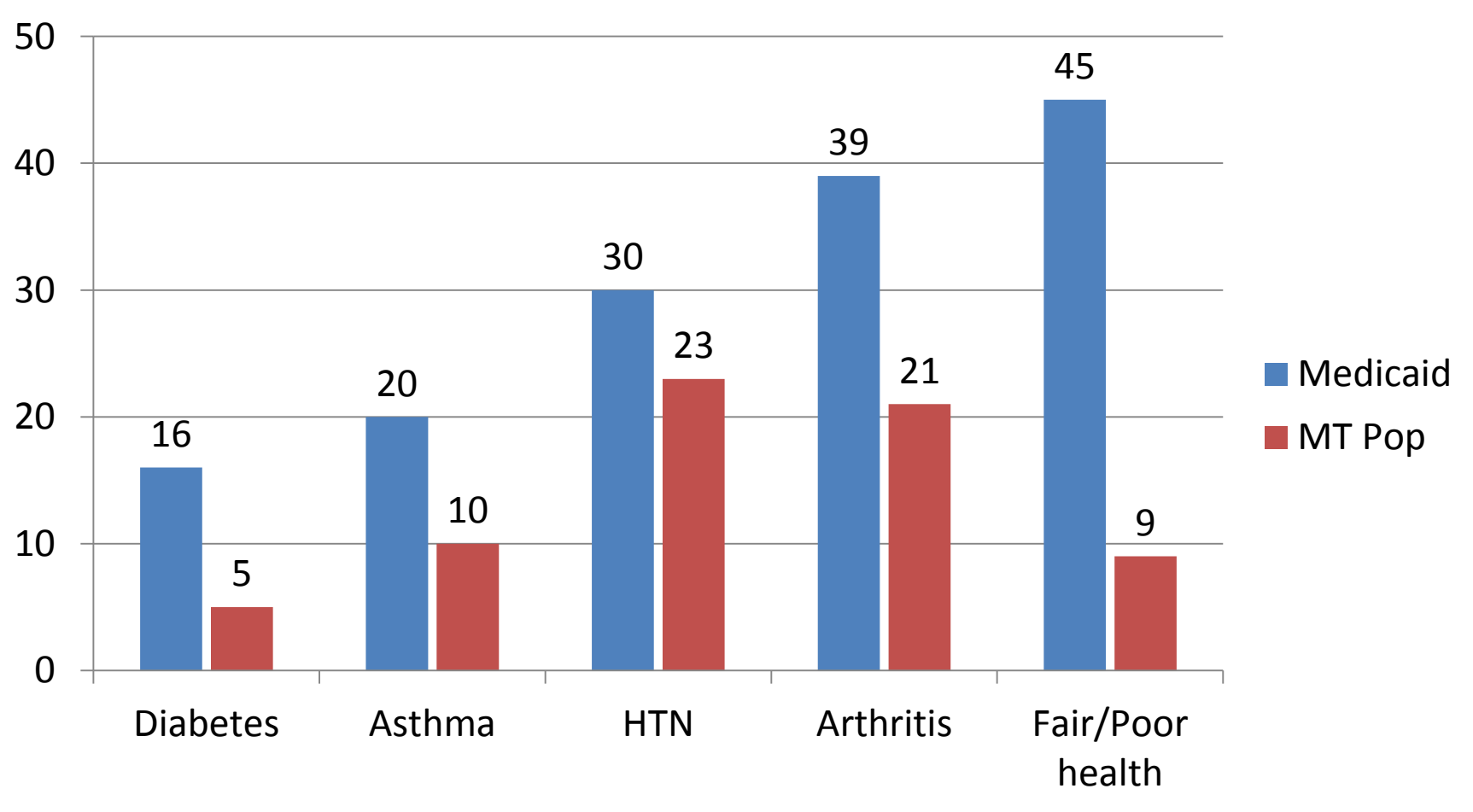


Figure. Health status and prevalence of chronic disease among adults 18-64 years of age, Medicaid and Montana general population, 2012.



Feedback - Discussion

- Are there additional strategies we should consider implementing to make additional progress on the plan?

- Are there additional health indicators we should consider tracking to monitor progress related to the SHIP?